Unum's accident insurance offers you and your family the following benefits. Please refer to the chart below for the benefit amounts payable for covered accidents and accident-related expenses.



Accident/Injury	Bene	fit Amount	Accident/Injury	Benefit Amoun
Accidental death			Fractures	Supplied to the second
employee		\$25,000	open	un to CE OC
spouse		\$10,000	closed	up to \$5,00
child		\$5,000	chips	up to \$2,50
The accidental death benefit doubles if the insured is injured as a fare-paying passenger on a common carrier. Employee – \$50,000; Spouse – \$20,000; Child – \$10,000			Hospital admission (per admission)	25% of closed amour \$75
Ambulance		\$100	Hospital confinement	
air ambulance			(per day up to 365 days)	\$20
Appliance		\$500	Hospital intensive care unit (per day up to 15 days)	
Blood, plasma and platelets		\$100		\$400
Burns		\$300	Knee cartilage (torn)	\$500
2nd degree for 36% or more of	f hody surface	6750	exploratory	\$100
3rd degree covering at least 9 l	out loss than ar	\$750	Laceration	\$25-\$400
square inches of body surface		\$1,500	Lodging (per night up to 30 days)	\$100
3rd degree for 35 or more square inches of body surface\$10,000 skin grafts			Loss of finger, toe, hand, foot or sight of	an eve
Catastrophic accident loss of use of sight, hearing, speech, arms or legs (exceptions for PA, NI and VT noted below)			Loss of both hands, feet, sight of both eyes, or any combination of two or more losses	\$15,000
employee <65 years		\$100,000	Loss of one hand, foot or sight	+ 10/000
spouse or child <65 years		\$50,000	in one eye	\$7,500
age 65-69	Amount reduced 50%		Loss of two or more fingers, toes or	
age 70+	Amount reduced 75%		any combination of two or more losses	\$1,500
ncussion \$100		Loss of one finger or toe	\$750	
Dental work, emergency		Physical therapy (6 treatments)	\$25 per treatment	
extraction		\$50	Prosthetic device or artificial limb	
rown		\$150	one	\$500
Dislocations		7130	more than one	\$1,000
pen	9	ID to \$4,000	Ruptured disc	\$400
losed		ip to \$4,000	Surgery benefit (open abdominal, thoracic)	\$1,000
octor's office initial visit		p to \$2,000	exploratory	\$100
mergency room treatment		\$50	Tendon/ligament and rotator cuff	100 د
ncludes X-rays)		6150	repair of one	Ć 400
ye injury		\$150	repair of more than one	\$400
equires surgery or removal of for	eign bodv	\$200	exploratory only	\$600
	t	37111	i a constant and a co	\$100

Benefits may vary by state. For CO, FL, NH and WA, please refer to the state-specific forms for benefit variations.

Catastrophic accident benefit exceptions: Catastrophic accident benefits are payable after fulfilling a 365-day elimination period. See policy for details. In PA, NJ, and VT, the benefit is paid immediately upon written proof of loss. Sight, hearing and speech are not covered.

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Insurance products are underwritten and sold, and services provided by the subsidiaries of Unum Group.

The base plan is an accident-only policy. The policy has exclusions and limitations which may affect any benefits payable. See the policy or your Unum representative for specific provisions and details of availability.

This information is not intended to be a complete description of the insurance coverage available, and some coverage options may not be available in all states. For complete details of coverage, please refer to Policy Form L-21762.

THIS IS A LIMITED POLICY.

Underwritten by the following subsidiary of Unum Group: Provident Life and Accident Insurance Company 1 Fountain Square, Chattanooga, TN 37402 unum.com AE-1023 (10/07)